

CANCELLED 2/02

PROGRESS SHEET - APPLICATION FOR CHANGE ON:

WRIA 44 C54-SWC 5632@2 COUNTY Douglas

Contact Person: James DKing & Assoc Inc (509) 422-1808 (FAX) 509-422-2809

NAME: Acuity Fruit Foyle Orchards Inc PHONE: (509) 689-3592

ADDRESS: PO Box 605, Brewster, WA 98812

City

State

ZIP

PURPOSE OF APPLICATION: CH POW + POW

Original Right Holder: M.S. Todd (App# 12452; Per# 9350; CER# 5632)

Application received: MARCH 28, 2001  
date

Initial \$10.00 fee received: ☒ Yes ( ) No

Statement of additional exam fee \$ \_\_\_\_\_

Sent \_\_\_\_\_  
date

Received \_\_\_\_\_  
date

PUBLICATION:

Approved by: \_\_\_\_\_

Date \_\_\_\_\_

Notice Sent \_\_\_\_\_  
date

CONSULTED AGENCIES:

DOH \_\_\_\_\_

date

DOW \_\_\_\_\_

date

DOF \_\_\_\_\_

date

USBR \_\_\_\_\_

date

TRIBES \_\_\_\_\_

date

PROTESTS:

\_\_\_\_\_  
date

By: \_\_\_\_\_

Name

\_\_\_\_\_  
date

By: \_\_\_\_\_

Name

\_\_\_\_\_  
date

By: \_\_\_\_\_

Name

Affidavit received: \_\_\_\_\_  
date

Checked by: \_\_\_\_\_

P.P. time expires: \_\_\_\_\_  
date

Report written by: \_\_\_\_\_

Date Report Sent: 4-12-01 (263)

DEVELOPMENT SCHEDULE

Beginning of Construction: Date sent: \_\_\_\_\_

Date received: \_\_\_\_\_

Extensions: \_\_\_\_\_

Completion of Construction: Date sent: \_\_\_\_\_

Date received: \_\_\_\_\_

Extensions: \_\_\_\_\_

Proof of Appropriation: Date sent: \_\_\_\_\_

Date received: \_\_\_\_\_

Extensions: \_\_\_\_\_

Date well report(s) received: \_\_\_\_\_

DATE APPROVED FOR CHANGE: \_\_\_\_\_ BY: \_\_\_\_\_

( ) Superseding Permit

( ) Superseding Certificate

( ) Certificate of Change (on claims)  
Vol. 1-4, Page \_\_\_\_\_

Date certificate fees requested: \_\_\_\_\_

Date received: \_\_\_\_\_

DATE CHANGE ISSUED: \_\_\_\_\_

REMARKS: Bought permit expired 12-31-01.

Change Cancelled 2-27-02. CS